



FLORIDA STATE UNIVERSITY  
OFFICE OF HUMAN RESOURCES

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## HR DEPARTMENT TABLE UPDATE FORM

Please complete this form to update the HR Department Representative and/or the HR Department Manager for your department.  
The Department Information, Acknowledgement and Department Authorization sections are required.  
Please submit the form to Stephanie Saltos at [ssaltos@fsu.edu](mailto:ssaltos@fsu.edu) for approval and processing.

DEPARTMENT INFORMATION	
<b>Department Name:</b> _____	<b>Department Number:</b> _____
<b>Initiator Name:</b> _____	<b>Initiator Phone/E-mail:</b> _____

UPDATE MANAGER TYPE	
<i>The Department Representative and Department Manager cannot be the same employee.</i>	
<b><u>HR Department Representative</u></b>	<b>Effective Date:</b> _____
<b>Name:</b> _____	<b>Employee ID:</b> _____
<b><u>HR Department Manager</u></b>	<b>Effective Date:</b> _____
<b>Name:</b> _____	<b>Employee ID:</b> _____

COMMENTS/JUSTIFICATION FOR REQUEST

DEPARTMENT REPRESENTATIVE/MANAGER ACKNOWLEDGMENT & DEPARTMENT AUTHORIZATION:
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I acknowledge that I occupy a position of special trust with duties that will bring me into contact with information or information resources that are of value to the Florida State University and that require protection. I further acknowledge that I am required to uphold the policies and procedures adopted to safeguard the information and associated resources that may be entrusted to me or with which I have contact. I agree to report violations of policies or procedures to my supervisor, the Information Security Manager or other person designated the responsibility for handling security violations. Further, I agree to protect my User ID and related passwords from unauthorized use at all times and understand that activity logged to my User ID is my responsibility. I ACKNOWLEDGE MISUSE OF THIS AUTHORITY COULD LEAD TO DISCIPLINARY OR CRIMINAL ACTION. Note: Dean/Director/Department Head or designee approval is required.

HR Department Representative Signature	Date	HR Department Manager Signature	Date
Dean/Director/Department Head Name (Print)		Dean/Director/Department Head Signature	Date